

1.) CORPORATION NAME:

UBC Health Care Analytics, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **F1780511**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

11 S 12TH ST

PO BOX 1463

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7101 WISCONSIN AVENUE STE 600

CITY/ST/ZIP: BETHESDA, MD 20814-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: JOHN B MARIANO JR
TITLE: VP/SEC
ADDRESS: 4445 WILLARD AVE
12TH FLOOR
CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815-

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OFFICER

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DIRECTOR

NAME: RITA SAHNI
TITLE: ASST SEC
ADDRESS: 4445 WILLARD AVE.
12TH FLOOR
CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815-

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OFFICER

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DIRECTOR

NAME: JESSE GLOSSNER
TITLE: TREASURER
ADDRESS: 4445 WILLARD AVE.
12TH FLOOR
CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815-

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OFFICER

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DIRECTOR

NAME: MARK P CLEIN
TITLE: PRESIDENT
ADDRESS: 4445 WILLARD AVE.
12TH FLOOR
CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815-

NAME:	CHAD CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4445 WILLARD AVE. 12TH FLOOR		
CITY/ST/ZIP/CO:	CHEVY CHASE, MD 20815-		
NAME:	PATRICK LINDSAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	920 HARVEST DRIVE SUITE #200		
CITY/ST/ZIP/CO:	BLUE BELL, PA 19422-		
NAME:	SEAN HART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3822 SUMMIT		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64111-		
NAME:	GABRIEL CAPPUCCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/Controller		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417-		
NAME:	PETER GAYLORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Treasurer		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417-		
NAME:	ROBERT S. EPSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417-		
NAME:	JANE JUSINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417-		
NAME:	LORI MARINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AGC/Asst SEC		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417-		
NAME:	COLLEEN MCINTOSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AGC/Asst SEC		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417-		
NAME:	KARIN PRINCIVALLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J. RUBINO SVP 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07417-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M. MORIARTY SVP 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07417-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN SOKALER VICE PRESIDENT 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07417-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALISA WISE ASST SECRETARY 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07417-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RITA SAHNI	RITA SAHNI, ASST SEC	2/25/2011	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			